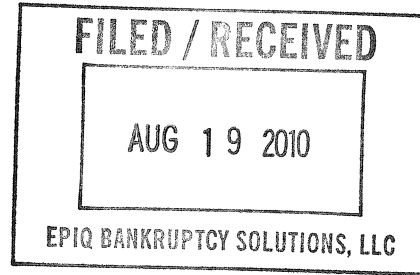


Elizabeth (Lisa) J. Philp
M. Craig Garner, Jr.
McNAIR LAW FIRM, P.A.
100 Calhoun Street, Suite 400
Charleston, South Carolina 29401
Attorneys for Palmetto Health Alliance



**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:

Lehman Brothers Holdings, Inc., et al.,

Debtors.

)
) Chapter 11
)

) Case No. 08-13555-JMP
)
)

**NOTICE OF WITHDRAWAL OF PROOF OF CLAIM NO. 12618
PURSUANT TO FEDERAL RULE OF BANKRUPTCY PROCEDURE 3006**

PLEASE TAKE NOTICE that pursuant to Rule 3006 of the Federal Rules of Bankruptcy Procedure, Palmetto Health Alliance ("Palmetto Health"), by and through its undersigned counsel, hereby withdraws its Proof of Claim No. 12618 filed against Lehman Brothers Holdings, Inc., Case No. 08-13555 (JMP), on September 14, 2009.

Palmetto Health hereby authorizes the Clerk of the Court, or the Debtors' duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above-referenced debtor.

Dated: August 18, 2010

McNAIR LAW FIRM, P.A.

Elizabeth J. Philp

/s/ Elizabeth (Lisa) J. Philp

Elizabeth (Lisa) J. Philp

M. Craig Garner, Jr.

100 Calhoun Street, Suite 400

Charleston, South Carolina 29401

Tel: (843) 723-7831

Fax: (843) 722-3227

lphilp@mcnair.net

cgarner@mcnair.net

Attorneys for Palmetto Health Alliance

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center

c/o Epiq Bankruptcy Solutions, LLC

FDR Station, P.O. Box 5076

New York, NY 10150-5076

Pg 2 of 2

PROOF OF CLAIM

In Re:

Lehman Brothers Holdings Inc., et al.
Debtors.

Chapter 11

Case No. 08-13555 (JMP)
(Jointly Administered)

Name of Debtor Against Which Claim is Held

Lehman Brothers Holdings,
Inc.

Case No. of Debtor

08-13555 (JMP)

UNIQUE IDENTIFICATION NUMBER: 1000197039

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

LBH (CREDITOR.DBF,CREDNUM)CREDNUM # 1000197039*****

PALMETTO HEALTH ALLIANCE

ATTN: ELIZABETH (LISA) J. PHILP & M. Craig Garner, Jr.

C/O MCNAIR LAW FIRM, P.A.

100 CALHOUN STREET, SUITE 400 (29401)

~~PO BOX 143~~

CHARLESTON, SC 29401

☐ Check this box to indicate that this claim amends a previously filed claim.
Court Claim

Number: _____

(If known)

Filed on: _____

Telephone number: 843/723-7831

Email Address: lphilp@mcnair.net

Name and address where payment should be sent (if different from above)

Palmetto Health Alliance, ATTN: Paul K. Duane,
Exec. Vice President & Chief Financial Officer
1301 Taylor Street

Columbia, SC 29202

Telephone number: 803/296-2106

Paul.Duane@
palmettohealth.org

Email Address:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ Unknown

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

☐ Check this box if all or part of your claim is based on a Derivative Contract.*☒ Check this box if all or part of your claim is based on a Guarantee.*

***IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.**

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.
2. Basis for Claim: Guarantee of Derivative Contract - See Attached
(See instruction #2 on reverse side.)**3. Last four digits of any number by which creditor identifies debtor: _____****3a. Debtor may have scheduled account as: _____**

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☒ Other

Describe: Escrowed funds under agreement - See Attached Exhibit G

Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ To Be Determined Amount Unsecured: \$ _____**6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____**
(See instruction #6 on reverse side.)**7. Credits:** The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:

9/9/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Paul K. Duane
Authorized Signatory for Palmetto Health Alliance

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

Amount entitled to priority:

\$ _____

FOR COURT USE ONLY**FILED / RECEIVED**

SEP 14 2009

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646 282 2400

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Lehman Brothers Holdings Inc. (Chapter 11)

Filed Claims and Schedules

Claim # Name Starts With Debtor

Schedule # Total Claim Value Scope

Claim Date Range to

Order By Results Per Page

Page 1 of 1 Page Go

Claim #	Schedule #	Creditor Name	Date	Total Claim Value	
12618		PALMETTO HEALTH ALLIANCE ATTN: ELIZABETH (LISA) J. PHILP & M. CRAIG C/O MCNAIR LAW FIRM, P.A. 100 CALHOUN STREET, SUITE 400 (29401) CHARLESTON, SC 29401 Debtor: LEHMAN BROTHERS HOLDINGS, INC.	9/14/2009	Claim Secured Amount: \$0.00 Remarks: THE CLAIMED AMOUNT IS UNDETERMINED	Image
12617	888035190	PALMETTO HEALTH ALLIANCE C/O MCNAIR LAW FIRM, P.A. ATTN: ELIZABETH J. PHILP AND M. CRAIG 100 CALHOUN STREET, STE 400 CHARLESTON, SC 29401 Debtor: LEHMAN BROTHERS SPECIAL FINANCING INC.	9/14/2009	Claim Secured Amount: \$0.00 Remarks: THE CLAIMED AMOUNT IS UNDETERMINED	Image

Claims 1-2 of 2

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United States Bankruptcy Court for the Southern District of New York

WITHDRAWAL OF CLAIM

Debtor Name and Case Number:	<u>Lehman Brothers Holdings, Inc.</u> <u>Chapter 11 Case No. 08-13555</u>
Creditor Name and Address:	<u>Palmetto Health Alliance</u> <u>C/O McHair Law Firm, P.A.</u> <u>100 Calhoun Street, Suite 400</u> <u>Charleston, S.C. 29401</u> <u>Attn: Elizabeth J. Philp</u>
Court Claim Number (if known):	<u>Claim # 12618</u>
Date Claim Filed:	<u>9/14/2009</u>
Total Amount of Claim Filed:	<u>Unknown</u>

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above-referenced Debtor.

Dated: August 18, 2010

Elizabeth J. Philp

Print Name: Elizabeth J. Philp

Title (if applicable): Attorney for Creditor

DEFINITIONS

Debtor

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor

A creditor is any person, corporation, or other entity to which the debtor owed a debt.

Proof of Claim

A form filed with the clerk of the bankruptcy court where the bankruptcy case was filed, to tell the bankruptcy court how much the debtor owed a creditor (the amount of the creditor's claim).

ITEMS TO BE COMPLETED ON THIS WITHDRAWAL OF CLAIM

Court, Name of Debtor and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

Information about Creditor:

Complete the section giving the name and address of the creditor that was listed on the previously filed Proof of Claim form.

Information identifying the Claim that is to be withdrawn:

Complete the section giving the court claim number, date claim was filed and total amount of claim filed to help identify the claim that is to be withdrawn.

Sign and print the name and title, if any, of the creditor or other person authorized to file this withdrawal of claim (attach copy of power of attorney, if any).

This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed or, if applicable, with their duly appointed Claims Agent as per any procedure approved by the court in the above-referenced bankruptcy proceeding.